

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000175332

Entity Name: PARAMED1 MEDICAL SOLUTIONS, "LLC"

Current Principal Place of Business:

221 N HOGAN ST
STE 147
JACKSONVILLE, FL 32202

Current Mailing Address:

1728 NALDO AVE
STE 4
JACKSONVILLE, FL 32207 US

FEI Number: 27-4832517

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DAWSON JONES, VANESSA D
221 N HOGAN ST
STE 147
JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title GENERAL MANAGER
Name JONES , BYRON K JR.
Address 925 PHILLIPS STREET
 #4
City-State-Zip: JACKSONVILLE FL 32207

Title CEO
Name VANESSA, DAWSON JONES D
Address 1728 NALDO AVE
 STE 4
City-State-Zip: JACKSONVILLE FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VANESSA D. DAWSON JONES

CEO

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date